

Assault and Abuse

Epidemiology

- Incidence
 - Greater than most suspect
 - Only 10% of women report battering incidents
 - Over 1 million children suffer from abuse or neglect

Mortality/ Morbidity

- Victims may:
 - die
 - suffer mental or physical injuries

Risk Factors

- Men, women who beat one another also most likely beat their children
- Children of abusive, unloving homes more likely to become spouse, child, elder abusers

Epidemiology

- Prevention strategies
 - Early detection
 - Social services support
 - Altering life styles

Domestic Violence

Battered Spouse

- Epidemiology
 - Not new phenomenon
 - Can be traced to early history
 - Occurs in all socio-economic groups
 - Most abusers are in lower socio-economic groups

Spouse Abuser Characteristics

- Go into sudden rages
- Feel insecure and jealous
- Can appear charming and loving after the incident of battering
- May have money difficulties, problems holding a job and possible legal issues

Spouse Abuser Characteristics

- Low self esteem
- Not happy about themselves
- Violence learned from parents
- Some believe they are demonstrating discipline

Spouse Abuser Characteristics

- Do not like being out of “control”
- Fail to see alternatives, do not know what else to do
- Both parties do not know how to back down from conflict

Spouse Abuser Characteristics

- May feel powerless to change
- Use of alcohol seems to be factor
- Mental illness in less than 10%

Battered Women

- Generally report only as last resort
- Reasons
 - Fear
 - For self
 - For children
 - Believe behavior will change
 - Lack of financial support

Battered Women

- Generally report only as a last resort
- Reasons
 - No one to turn to
 - No knowledge of where to go
 - Believes she is cause
 - Believes she must endure to keep family together

Characteristics of spouse abuse

- Beatings
 - Do not stop
 - Become more severe and frequent
 - Occur without provocation
- At some point will turn violence toward children

Risk Factors

- Male unemployed
- Male uses illegal drugs at least once a year
- Different religious backgrounds
- Family income below poverty line
- Partners unmarried

Risk Factors

- Either partner violent toward children at home
- Male did not graduate from high school
- Male has blue-collar job, if employed
- Male between 18-30
- Male saw father hit mother

Battered Men

- Battering not limited to women
- Men also rarely report
- Humiliation is multiplied for males
- Men feel as trapped as women do

Battered Men

- Same psychological and emotional effects
 - Guilt
 - Loss of self-control
 - Loss of control
- Society less empathetic
- Fewer resources exist

Homosexual Relationships

- Battering also occurs in homosexual relationships
- Homosexuals are conditioned the same as heterosexuals

Identifying Battered Patient

- Difficult because description of injuries may be:
 - Incorrect
 - Inaccurate
 - Protective of attacker
- May not seek care

Identifying Battered Patient

- May avoid eye contact
- May be hesitant, evasive about details of injuries
- Clues about situation
 - "Things haven't been going well lately"
 - "There have been problems at home"

Approaching Battered Patient

- Direct questioning best
- Ask if “difficulties” led to harm
- Convey awareness that injuries may be due to spouse
- May feel sense of relief that someone else is aware

Approaching Battered Patient

- Once subject has been introduced, show willingness to discuss

Approaching Battered Patient

- Non-judgmental attitude
 - Avoid judgmental statements
 - "Oh, how awful!"
 - Avoid "why" questions
 - "Why don't you leave?"

Approaching Battered Patient

- Supportive attitude
- Listen attentively
- Support and encourage

Approaching Battered Patient

- Return control of situation to patient
- Help them to gain control over their life
- Have them identify what they want for themselves and their children

Community Resources

- Vary widely
- Become knowledgeable about your community

Safety

- Encourage patient to take precautions as needed
 - What is the quick way out?
 - Where can they go?
 - Who can they call?

Legal Considerations

- Assault is misdemeanor or felony
 - Depends on:
 - Amount of injury inflicted
 - Devices used

Legal Considerations

- Attacker may be arrested
 - May be released within hours on own recognizance
 - Patient must be aware of this

Victim-Witness Assistance Programs

- State, federal-funded programs
- Need to become aware of services available in your area

Elder Abuse

Abused elder

Prevalent medical and social problem

Abused elder

- Contributing factors
 - Increased life expectancy
 - Physical, mental impairment
 - Increased dependence with greater longevity
 - Decreased productivity
 - Limited resources for elder care
 - Economics
 - Stress of middle-aged caretaker responsible for two generations

Types of elder abuse

- Domestic
- Institutional

Types of Elder Abuse

- Perpetrators in domestic settings
 - Adult children 32.5%
 - Spouse 14.4%
 - Other relatives 12.5%
 - Grandchildren 4.2%
 - Sibling 2.5%
 - Friend/ neighbor 7.5%
 - All others 18.2%
 - Unknown 2.0%

Domestic Elder Abuse Causes

- Caregiver stressed
- Caregiver ill-equipped to give care
 - Personal problems
 - Lack of knowledge
- Elders in poor health
- Cycle of violence = tension/
crisis/ calm/ repeat cycle

Institutional abuse

- Perpetrators usually persons who have legal or contractual obligation to provide care
 - Paid caretakers
 - Staff
 - Professionals

Elder Abuse Characteristics

- More likely to suffer from physical or mental impairment
- Abusers are most often children of abused person
- Elders are most often repeatedly abused by family members
- Abused elders do not seek help

Forms of Abuse

- Physical abuse or neglect
- Psychological abuse
- Violation of individual rights
- Victim of theft
- Loss of freedom of choice

Child Abuse and Neglect

Child Abuse

- Overview
 - Mistreatment of children
 - From infancy to 18 years of age
 - Physical, verbal, sexual

Child Abuse

- Overview
 - Involves caretakers
 - Parents
 - Foster parents
 - Stepparents
 - Babysitters
 - Results in physical or emotional impairment

Child Abuse

- Neglect
 - Failure to provide physical care
 - Nutrition
 - Shelter
 - Clothing
 - Failure to provide emotional care
 - Indifference
 - Disregard

Child Abuse

- Importance of identifying
 - Tends to be repetitive

Abusers

- Not related to social class, income, level of education

Abusers

- Rigorous discipline accounts for cyclical nature of abuse
 - History of severe physical punishment
 - Abuser was beaten as child
 - Abuser would prefer to use other forms of discipline
 - Stress makes them regress to earliest patterns

Abusers

- Immature behavior
- Preoccupied with him/ herself
- Little perception of how child could feel, physically or emotionally
- Critical of child
- Seldom touches or looks at child

Abusers

- Unconcerned about child's injury, treatment, or prognosis
- Gives no indication of guilt or remorse
- May blame child for injury
- More concerned about themselves

Signs of Pre-abuse State

- Sometimes abusive adult will actively seek help
- Following pattern may be observed
 - Several calls in 24 hour period
 - Frequent calls for inconsequential symptoms
 - Indications of being unable to handle impending crisis

Abused Child

- Excessively passive child <6
- Aggressive child >6
- Child who doesn't mind, at any age, if their parent leaves the room

Abused Child

- Cries hopelessly during treatment
- Cries very little in general
- Does not look at parents for assurance
- May avoid parents

Abused Child

- Wary of physical contact
- Apprehensive
- Appears constantly on alert for danger
- May constantly seek favors, food, things

Accidental vs Intentional

- Children very commonly get injured
- Not all children with injuries are abused
- If child's story volunteered without hesitation and matches parent's, child abuse unlikely
- Distinguishing between intentional injury and authentic accident is a challenge

Physical Examination

- Overview
 - Best done with another colleague
 - Objective recording of information
 - Assumptions, personal perceptions NOT included
 - Report must be concise, legible
 - Perform with kindness, gentleness

Soft Tissue Injuries

- Most frequent injury in early abuse
- Variety of forms
 - Multiple bruises and ecchymoses
 - Defense wounds
 - Injuries on multiple planes of body
 - Patterned injuries
 - Bites
 - Burns/Scalds

Fractures

- Second most common injury
- Types
 - Twisting injuries
 - Jerking injuries
 - Rib fractures
 - Multiple fractures

Head Injuries

- Highest mortality
- Greatest permanent disability
- Progression of injuries is from trunk and extremities toward head

Head Injuries

- Types
 - Scalp wounds
 - Skull fractures
 - Subdural, subgaleal hematomas
 - Repeated concussions

Abdominal Injuries

- Small number, but serious
- Types
 - Rupture of liver
 - Injuries to intestine, mesentery

Sexual Assault

Sexual Assault

- Incidence
 - Increases annually
 - More frequently committed offense than abuse
 - Victims range from 9 months to 90 years of age
 - Victims may
 - Die from injuries
 - Sustain mental or physical injury

Legal Considerations

- What constitutes rape?
 - Each state has different interpretation
 - Generally, sexual assault refers to sexual contact, whether genital, oral or manual
 - Rape is penile penetration of the genitalia (however slight) without victim's consent

Legal Considerations

- If sexual assault is confirmed or suspected, any law that applies must be followed
- In some states minors may seek treatment for sexual assault without parental consent

Psychosocial Aspects

- Initial contact
 - Non-judgmental, supportive attitude
 - Empathetic, sensitive comments
 - Considerate gestures
 - Covering them
 - Moving from public view

Psychosocial Aspects

- Acceptance of behavior
 - Each patient responds differently
 - Anger especially difficult for most to accept

Psychosocial Aspects

- Privacy
 - Avoid further exposure, embarrassment
 - If possible have same sex partner provide patient care

Psychosocial Aspects

- Returning control
 - Patient must regain as much control as possible
 - Ask open-ended questions
 - Would you like to sit on a seat or ride on the stretcher?
 - Would you like us to contact someone?

Child Sexual Assault Victims

- Overview
 - Children usually have frequent contact with assailant
 - In trusted person's home
 - Usually involves male assailant and female victim

Child Sexual Assault Victims

- Overview
 - Male victims involved in heterosexual relationships are unlikely to report
 - Many children are fondled or physically explored without intercourse
 - Often child conceals sexual activity out of fear

Assessment Considerations

- Behavior or physical manifestations
 - Nightmares
 - Restlessness
 - Withdrawal tendencies
 - Hostility
 - Phobias related to offender
 - Regression (i.e. bed wetting)
 - Truancy

Assessment Considerations

- Emotional impact
 - Adult will create the impression on the child
 - Children will perceive importance and ramifications of sexual assault through behavior of adults around them

Care of Sexual Assault Patient

- Be aware of local, state requirements
- Notify law enforcement as soon as possible

Care of Sexual Assault Patient

- Take steps to preserve evidence
 - Patient should not urinate, defecate, douche, bathe
 - Patient should not remove evidence from part of body subjected to sexual contact
- Remember "chain of evidence"